

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90006 032 ***158.75

DOCUMENT # 638316

1. Entity Name
FAMILY SECURITY INSURANCE SERVICES, INC.



Principal Place of Business
**23123 STATE RD. 7, STE. 330
BOCA RATON, FL 33428**

Mailing Address
**23123 STATE RD. 7, STE. 330
BOCA RATON, FL 33428**

10000000



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2031627

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAFFEE, SIMON S.
10263 BOCA WOODS LANE
BOCA RATON, FL 33428**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JAFFEE, SIMON S.
10263 BOCA WOODS LANE
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/19/05 **561-488-9194**

ATTACHMENT
40085396
638316

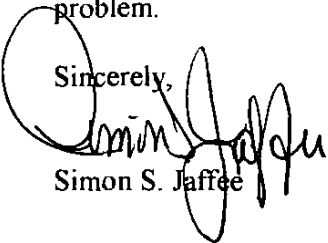
May 19, 2005

Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

Dear Sir/Madam

I am filling my Annual Report for this Corporation FEI# 59-2031626 late do to a hospitalization which left me unable to conduct any of my affairs. I was hospitalized at Holy Cross Hospital in Ft Lauderdale, Florida for Heart surgery. I had no one else that could attend to this for me. I am finally able to resume normal activity and I am sending the Fee for this filling via overnight delivery. Thank you for your consideration of my problem.

Sincerely,


Simon S. Jaffee